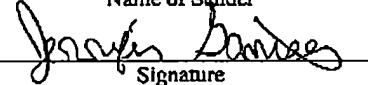


CERTIFICATE OF TRANSMISSION
I HEREBY CERTIFY THAT THIS DOCUMENT IS
BEING TRANSMITTED VIA FACSIMILE ON THE
DATE INDICATED BELOW TO:

Examiner: Butler, M. Art Unit: 3653 Fax: 703-872-9327

Jennifer A. Garrison

Name of Sender



Signature

10-22-02

Date of Transmission

FAX RECEIVED

fficial

OCT 22 2002

GROUP 3600